



Delta Dental of Tennessee
240 Venture Circle
Nashville, TN 37228-1699
Telephone: 615-255-3175
www.DeltaDentalTN.com

EMPLOYEE/RETIREE ENROLLMENT FORM

SOCIAL SECURITY NUMBER

			-			-			
--	--	--	---	--	--	---	--	--	--

Group
Number **5319**

Sublocation
Number

- ☐ 0001 – Active
☐ 0002 – Head Start (10 month)
☐ 0003 – Retirees

Group Name
Shelby County Government

FIRST NAME	M	LAST NAME
STREET ADDRESS		
CITY	STATE	ZIP

Birth Date	Sex M F <input type="checkbox"/> <input type="checkbox"/>	Hire Date	Work/Home Number	Department	Effective Date (Do Not Complete - Benefits Use Only)

If enrolling spouse and/or dependents, please list them below. Attach another form for additional dependents.

FIRST NAME & M.I. (LAST NAME IF DIFFERENT)	SEX		BIRTH DATE
	M	F	
SPOUSE:			
CHILD:			
CHILD:			
CHILD:			
CHILD:			
CHILD:			

I agree to complete proper forms and provide proof of relationship (i.e. birth certificate, marriage license, etc.) to add/delete eligible or ineligible dependents, as required. I agree to make the required contribution. I certify that the information contained in this form is true and correct to the best of my ability.

Signature: _____ Date: _____

For Office Use Only	EIN:	Entered By:	Comments	DDPT – Shelby Co Gov (10/10)